CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



APR 15 2009

GOVERNOR'S OFFICE

DAYTIME TELEPHONE NUMBER

Please type or print in ink.

(May use business address)

(LAST)

STREET

NAME

Maguire

MAILING ADDRESS

A Public Document

(MIDDLE)

(FIRST)

Aaron

CITY

	Ross (916) 445-4341		
	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS		
	CA 95814		
	4. Schedule Summary		
	► Total number of pages including this cover page:2		
	including this cover page:		
	Check applicable schedules or "No reportable interests."		
	I have disclosed interests on one or more of the attached schedules:		
	Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)		
	Schedule A-2 Yes – schedule attached Investments (10% or greater Ownership)		
	Schedule B Yes – schedule attached Real Property		
	Schedule C X Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)		
	Schedule D Yes – schedule attached Income – Gifts		
	Schedule E Yes – schedule attached Income – Gifts – Travel Payments		
-or-			
-01-			
	No reportable interests on any schedule		
5. Verification			
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.		
	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
The second secon	Date Signed April 14, 2009 (month, day, year)		
	Signature		

California State Capitol Sacramento 1. Office, Agency, or Court Name of Office, Agency, or Court: Office of the Governor Division, Board, District, if applicable: Your Position: **Deputy Legislative Secretary** ▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.) Agency: ___ Position: _ 2. Jurisdiction of Office (Check at least one box) X State County of _____ City of ____ Multi-County _____ Other __ 3. Type of Statement (Check at least one box) Date: 4 / 10 / 09 X Assuming Office/Initial Annual: The period covered is January 1, 2008, through December 31, 2008. -or-O The period covered is ____/___, through December 31, 2008. Leaving Office Date Left: ____/___/ (Check one) O The period covered is January 1, 2008, through the date of leaving office. -or-O The period covered is ____/___, through the date of leaving office. ☐ Candidate Election Year: _

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION			
Name			
Aaron Maguire			

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Diepenbrock-Harrison	
ADDRESS	ADDRESS
400 Capitol Mall, suite 1800, Sacramento, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Employment - Paralegal	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
S500 - \$1,000 S1,001 - \$10,000	☐ \$500 - \$1,000 ☐ \$1,001 · \$10,000
X \$10,001 - \$100,000 ☐ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
Sale of(Property, car, boat, etc.)	Sale of(Property car. boat. etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other	Other
(Describe)	(Dosenbe)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	
You are not required to report loans from commercial of a retail installment or credit card transaction, made	I lending institutions, or any indebtedness created as part
	your official status. Personal loans and loans received
not in a lender's regular course of business must be	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
NAME OF LENDER	INTERESTRATE TERM (WORIDS/Teals)
ADDRESS	% None
ADDITEGO	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
BOSINESS ROTTOTT, II ANT, OF ELIDER	
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000 	Cay
S1,001 - \$10,000	Guarantor
S10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
	(Describe)
	(Destine)
Comments:	(pestion)